

YMCA KEY ACADEMY | 2018-2019 REGISTRATION & PAYMENT AGREEMENT

Must present in person at any YMCA location, not at KEY Academy or Fun Club sites. ONE FORM PER CHILD EACH SCHOOL YEAR.

Additional forms available at any YMCA location or online at ymcawichita.org.

PARTICIPANT'S NAME _____

ID# _____

FUN CLUB (SCHOOL DAY'S OUT) PARTICIPANT ONLY
(See page 11 of Fun Club flyer for additional information)

SCHEDULE OF SERVICE

Start Date:	Anticipated Times		M	Tu	W	Th	F	2018-2019 Weekly Fees			
	Before School (Breakfast served)	After School (Snack served)						1-2 days/wk*	3-5 days/wk	CP	M
KEY Session	Arrival:	School Starts						\$30	\$35	\$50	\$55
	Departure:	School Ends									
	Arrival:	School Ends						\$35	\$40	\$55	\$60
	Departure:							\$45	\$50	\$65	\$70

*must attend same days each week

T/TH Discovery Club (DC) Participant only. Check all sessions that apply Fall Winter Spring

I have been awarded financial assistance from the Child Care and Camp Branch of the YMCA.

Apply the \$5/wk SIBLING DISCOUNT to my payment. KEY enrolled sibling's name (required) _____

Total Weekly Payment (due each Monday for the week of service, payable by: Bankdraft Check Money Order MasterCard Visa) \$ _____
PAYMENT DUE AT REGISTRATION

Enrollment Fee (A \$30 enrollment fee is due per child each school year. This fee is NONREFUNDABLE and NONTRANSFERABLE.) \$ _____

First week of tuition payment is due upon enrollment (cannot be bankdraft) \$ _____

Fun Club payment (fee is NONREFUNDABLE) \$ _____

TOTAL PAYMENT & FEES due at registration, payable today by: Check Money Order MasterCard Visa \$ _____

IMPORTANT: Please retain a copy of this form & payment receipt. Weekly fees are based on the above schedule. Fees will not be prorated for absences, in-service days, conferences, holidays or school cancellations. (See complete KEY billing information, payment methods and policies on pages 14-15.)

TERMS OF AGREEMENT

(Your signature confirms your agreement with the following terms):

- I/We understand that the YMCA reserves the right to dismiss any participant if they or their parent/guardian fails to comply with policies and procedures of the program.
- I/We the below signed person/parent(s) having legal custody/legal guardianship of said minor, give permission for said minor to attend any YMCA program activities supervised by authorized YMCA staff. Said minor is physically able and mentally prepared to participate in all activities, including nutrition and wellness curriculum.
- I/We have read and understand the Parent Information and Policies including, but not limited to: YMCA KEY Academy days, hours of operation, behavior management policies, and information about enrolling a child with special needs. I/We shall abide by said policies and procedures and will review with my/our child prior to participation in the program.
- I/We understand that written notice of intent to exit the program is required a MINIMUM OF TWO WEEKS IN ADVANCE. If adequate notice is not given, I/we understand that two weeks of full payment will be billed to my/our account even though my/our child is not in attendance. If I/we choose to return to the program, I/we understand availability is not guaranteed.
- I/We understand that payments for YMCA programs can be made online, via bankdraft, or at any YMCA branch. Payments cannot be accepted at the school or KEY location.
- I/We agree to pay the above stated weekly fees by each Monday during my/our child's enrollment in the KEY program. Failure to make timely payments may result in dismissal from the program. A \$10 late payment fee will be applied for each week that a payment is late. All returned drafts/checks will be assessed a \$10 return item charge, in addition to applicable late/bank fees. A money order may be required for future payments.
- I/We understand that my/our child departs the KEY AM sessions at the school bell and arrives independently to the PM session after school dismissal. My/our child must be accompanied by a parent/guardian upon arrival at AM sessions and must be signed out by an authorized adult from PM sessions.
- I/We release the Greater Wichita YMCA, its staff, and participating school districts from all claims of injury which may be sustained by enrolled child while participating in any YMCA-sponsored activity, whether caused by the negligence of the YMCA or otherwise. If medical attention is required, I give my permission for such medical care.
- I/We do hereby authorize the YMCA and YMCA staff to transport said minor in YMCA bus, van, car, staff car or other vehicle to/from the site for daily transportation and/or field trips, emergency care, etc.
- I/We do hereby grant permission for photos and/or videos of my/our child to be used by the YMCA for promotional purposes. I/We understand that I/we will receive no compensation for such use.
- I/We understand that in the event of withdrawal from the program, my/our child's records are available to me/us upon my/our request.

Parent/Guardian Signature _____

Date _____

For Office Use Only:

Date rec'd: _____

Time rec'd: _____

Staff Initials: _____

Special Instructions:

Staff Signature _____

Date _____

PROGRAM BANKDRAFT PLAN

The weekly program draft amount indicated above will be deducted from my (check one)

- Checking Account Savings Account
for the YMCA KEY Academy.

The bankdraft payment plan is a continuous program, however is not designed to exceed the program's end date of _____.

If I wish to exit the KEY program and/or discontinue the weekly draft before the above date, I understand that the YMCA must be NOTIFIED IN WRITING TWO (2) WEEKS PRIOR TO THE FINAL DRAFT.
Initials: _____

Send notice to childcare@ymcawichita.org

- Program rates are subject to change and you will be notified in writing prior to any program adjustments.
- I will notify the YMCA of any change in my bank, account, phone number or home address.
- I understand that, should any transfer not be honored by my bank for any reason, I am responsible for that payment, PLUS any service fees assessed by the YMCA. This is in addition to any service fees assessed by my bank. I also understand that I/my family will be denied access to the KEY program until the balance due is paid.
- A voided check is attached for bank information.

Accept my signature below as authorization to begin drafting the indicated account.

Check One:

____ Parent ____ Legal Guardian

____ Person w/ legal custody